

## MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 35

-62-019930

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 95

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 15 1962

1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Rural---Union Twp.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Unionville, Missouri

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY

c. CITY OR TOWN Melrose Park

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

143 N. 16th Avenue

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Robert

Middle Lee

Last Miller

4. DATE OF DEATH

Month May

Day 22

Year 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/20/41

9. AGE (last birthday)

21

IF UNDER 1 YEAR

Months 4

Days 2

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

In Army

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Melrose Park, Ill.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John A. Miller

13b. MOTHER'S MAIDEN NAME

Ada Tatge

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

yes

Still in Army

16. SOCIAL SECURITY NO.

17. INFORMANT

John A. Miller, 143 N. 16th Ave.  
Melrose Pk. Ill.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple injuries

DUE TO (b)

from plane crash

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Crash of Continental Flight 11

20c. TIME OF INJURY

Hour 9:45 pm

Month, Day, Year 5/22/62

20d. INJURY OCCURRED WHILE AT WORK ☒NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

on farm

20f. CITY, TOWN, OR LOCATION

Union Twp.

COUNTY

Putnam

STATE

Missouri

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, and last saw her alive on \_\_\_\_\_.  
Death occurred at 9:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Unionville, Missouri

22c. DATE SIGNED

5/24/62

23a. REMOVAL (Specify)

5-24-62

23b. NAME OF CEMETERY OR CREMATORY

Queen of Heaven

23d. LOCATION (City, town, or county)

Melrose Park, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hugh J. Johnson Centerville, Mo

25. DATE RECD. BY LOCAL REG.

5-24-62

26. REGISTRAR'S SIGNATURE

Marshall Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wm. K. Jackson

Licensed Embalmer No. 3954

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.